age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

08030

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County Garrett  City or town Rural - Vindex  (If ontside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infacts give residence of mother)  State Maryland County Garrett  Rural- Vindex
How long in above place of death? 18yrs.  Hospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest towo)  L Mile - Standard  Street No.
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If rural, give LOCATION)
Hew long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Minor Mc Clellan Cooper	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH September 19 47 7:30P
6.(b) Name of husband or wife Mary Frances (Spiker)  Cooper 6.(c) If allve, give age 77  years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  June 4 ,1861	and that I last saw h
8. AGE: Years Months Bays If less than one day 15 If less than one day	Immediate cause of death DURATION
9. Birthplace	Due to. Line of the late
	Due to.
11. Industry or business    12. Name	Other conditions Chamiltonia
	(Include pregnancy within 8 months of death)
14. Maiden name Isabelle Shillingburg W.Va.	
W.Va.	Major findings of operations.
16. Informant Mrs. Mary F. Cooper	Date of op.
Vindex, Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial  Burial  Burial, cremation, or removal. Which?)  I.O.O.F. Cemetery  Cemetery or compatory  ELK Garden, W.Va.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
I.O.O.F. Cemetery	Where did injury occur?
Cemetery or Eirk Garden, W.Va.	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Otha F. Sharpless	Means of injury injured at work?
Address Blaine, W.V.	23. SIGHATURE Malfille Colonelle Un
18 Jet 50 1941 My OWNER Registrar)	Address Rtysles W Date signed & W-y

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35P 27 1947

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# correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

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CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland cousty Garrett  City or town Friendsville, Maryland.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Clarence Elmer Fike.	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married.	2D. DATE OF DEATH. Sept 17 19 47, at
B.(6) Name of husband or wife Laura B. Fike.  8.(c) If allve, give age 61 yo	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.)  January 18th, 1880.	Immediate cause of death
8. AGE: Years Months Days If less than one day 67 7 30hrs.	Chronic Mysandehre 5 yrs
9. Birthplace Cove Maryland.  (Town, county, and state)  1D. Usual occupation Farmer  11. Industry or business	Due to. A le
12. Name. Thomas Fike.  13. Ririhplace Guard, Maryland.	Other conditions
Laura B. Spear.  14. Maiden name Laura B. Spear.  15. Dirithplace Friendsville, Maryland.	Major findings of uperabuss.  Date of op.
Stanley Fike.	Autopsy results.
10. midimat	PHYSICIAN: Please underline the cause to which death abould be charged atatistically.
Address Mt. Lake Park, Maryland.  Burial Sept. 19/47  (Burial, cremation, or removal, Which?)  Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory. Humberson Cemetery.	Where did injury occur?
Near Friendsville, Marylan	
18. Funeral director Eugsay D. Bolder Address Dakland, Marylan	Meens of Injury Injured at work?
19. Sept 18 19 47 Kathryn Hite Registrar)	M. D. or other

SEP 23 1947

PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

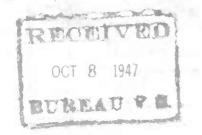
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### CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

Larret	rh:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
County		1d .	***************************************	State Maryland Cour	. Garrett	
City or town(If our	Samuel Keiper.  Sex   5. Color or race   8.(a)Single, married, widowed, or divorced    Male   White   Married.  (b) Name of husband or wite.   Martha Jane Keiper    Sight date of deceased (mo., day, yr.)   September 13 1867			Cmollin M	2	
How long in above place o	death? Life	e time	<u>}</u>	City or town. (If outside city or town limits	write RURAL and give near	est town)
Hospital, Institution, or s	treet address where	death occurred		Street No		
		*****************	***************************************	(If rural, give	LOCATION)	
How long in hospital or i	nstitution?	************	**************************************	2.(a) If veteran, name war		***************************************
3. (a) FULL NAME					3. (b) Social Security N	umber
Samu	el Keine	ידי.			None	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	A. M
Male	White	Ma	arried.	20. DATE OF DEATH Septembe	r 28th 19 47	6:30
	M:	rtha	Jane Keiper.	21. LCERTIFY that death occurred on the date about	A Company of the Comp	
6.(8) Name of husband of				1. 101		
7 Pieth date of	***************************************		e) If alive, give ageyears	and that I last saw h. Mormalive onQu	1 1 21	
deceased (mo., day, yr.	Septer	nber ]	1867	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Imaginto cause of death Em	rolium	
			hrsmin.			,
F F	ennsylva	ania.		Due to.		***************************************
			itate)			
10. Usual occupation	Retired	Engir	neer.	Due to.		
11. Industry or business				Due to		
	nry Kei	oer.		Other conditions		
12. NameHe	ennsvlv:	nia.	***************************************		***************************************	***************************************
				(Include pregnancy within 3 n	onths of death)	
-	Allia G			Major findings of operatious		
16. Informant MI	s. Lill:	ian Wi	Llt.	Autopsy results		
	ashingto	on. D.	. C.	PHYSICIAN: Please underline the cause to wh	ich death should he charged st	tatistically.
				22. VIOLENCE: If death was due to external cau		
Burial, cremation,	or removal, Which?	Date then	eof Sept. 29/47 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory	Red H	ouse (	Cemetery.	Where did Injury occur?(City or town)	(County)	(State)
	Red Ho	15e . 1	14	Injured at home, farm, Industry, public place (wh		
Location	7	An		Maens of Injury	tnjured at work?	
18. Funeral director	mson	10	Bolden.	miseris v. Injury	4	
Address, Q	akel	xan	a ma.	602	be her ded	
9/201	,17	X.	1: 17 Paren	23. SIGNATURE	M. D. ot	other
19. Date rec d by regi	strar) 19 7	- all	Registrar	Address Oalland	Rud Date signed 9	129 47



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### MARYLAND STATE DEPARTMENT OF HEALTH

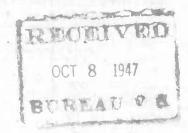
2411 N. Charles St., Baltimore

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# 116

### CERTIFICATE OF DEATH

					reg. Disc. 1101x	***************************************
1. PLACE OF DE Garre	UU			2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of m Maryland.	DECEASED: other) Garrett	
City or town	Lake Par	K	****	State Count	y	***************************************
(If	e of death?	mits, write R	URAL and give nearest town)	City or town Mt. Lake Park (If outside city or town limits,	TA TATTO A T . 3	
How long in above place	e of death?	death occurred		Loch Lynn	write RURAL and give near	est town)
Loc	h Lynn	acam occurre	•	Street No. (If rural, give L	OCATION	
		9 met met			OCATION)	
	or Institution?		······································	2.(a) If veteran, name war	•••••••	
3. (a) FULL NAM					3. (b) Social Security N	lumber
Albe	rta May F			The state of the s		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		rried	20. DATE OF DEATH Sept. 21,	19.47	9:30P.
e (h) Name of husband	or wife John W	. Rea	m	21. I CERTIFY that death occurred on the date above		
b.(v) name of nusband			hh	19,31	4 10 9/2	19.4
7. Birth date of			c) If allve, give ageyears	and that I last saw h Calive on	9/2/	19.47
deceased (mo., day,	yr.) May 9,			Immediate cause of death B. Con ch.	-DNEUMONI	DURATION
8. AGE: Year		Days	If less than one day	Penicillim resistant or		4 day
66	4	12	hrs mln.	1.		
	ion Co., (Town, House Wif	county, and		Due to a Custe in section -	(influenza?)	9 day
10. Usual occupation	s Own Home	••••••		Due to		*******************
	os Gilpir	1		Other conditions NON Trabical S,	brue.	20 90
12. Name	Marion Co	W .	Va.	Rheumatoid arth	-14:6	10 400
		0.00		(Include pregnancy within 3 mg	onths of death)	
문 14. Maiden name	Mary Kir	<u> 18</u>		Major findings of operations		
14. Maiden name	Garrett	Co.,	Md.			
Joh	n W. Rean	n	6 1 1 1 1 1 1 1	Anlopsy results		
16. Intermant	. Lake Pa		ra .	PHYStCIAN: Please underline the cause to which	ch death should be charged s	tatistically.
Address				22. VIOLENCE: It death was due to external cause	es, fill in the following:	
Buria		Date ther	eof Sept. 24, 194 (month) (day) (year)	Accident, suicide, or homicide	Date of	
(Burial, crematio	on, or removal. Which?	Ceme	tery (month) (day) (year)			
Cemetery or crema	tory			Where did injury occur?(City or town)		(State)
Location	9akland	i, Mar	yland.	Injured at home, farm, industry, public place (whe	re?)	
	Her ho.	YT	Leidator	Means of Injury	Injured at work?	
1B. Funeral director.	Oakland	i Ma		.//	n m.00	mo
Address	Vantano	, ,		23. SIGNATURE Arold (	Miller	UND.
9/24	1 4.	211	lin allawan		M. D. o	r other
(Batg rec'd by	egistrar)	· ya	Registrar	Address GGION, C	Va . Date signed.	9/24/4/



and the same

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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information carefully. The corol of death clearly and legibly.

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

WRITE

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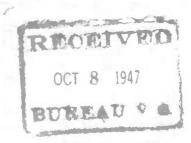
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MARGIN

		166	
 Dist	No	700	

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland  State  County		
City or town Sines. Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life Time			City or town Sines. Karylands (1f outside city or town limits, write RURAL and give nearest town)			
4000	, or street address where			Streel No		
3. (a) FULL NA		Ream.		3. (b) Social Security None		
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Marri	led	20. DATE DF DEATH. September, 27, 47	10;A.M	
***************************************			on Ream	1997 10 20 11 10 20 11 11 10 20 11 11 11 11	7, 194.7	
7. Birth date of deceased (mo., d	Ammi 3	19th,	1866	and that I last saw h		
	ears Months	Days	It less than one day	Arterial sclerosis	DURATION	
	81 5	8	hrs		-vrs.	
10. Usual occupation of bus 11. Industry or bus 12. Name	Timbermar  liness li Ream  Pennsylvar	ıia	aty, Maryland.	Due to  Dither conditions		
14. Malden na 15. Birthplace	Mary Fr Oakland (		County, Md.	Major findings of operations		
16. Informanl	rs Jas. Fri kland, Md.	iend		PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
Burial		Date there oines Co	Sept, 29th/4' (month) (day) (year) emetery	Where did injury occur?	(State)	
(Burial, crema	maivi j			Injured at home, tarm, industry, public place (where?)		
Cemetery or cre		rland		1000		
Cemetery or cre	ines, Mary Emroy D. Oakland.	Bolde	<b>a</b>	Means of Injury Injured at work?	0	



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PLEASE WRITE PLAINLY,

(Date rec'd by registrar)

VS

### MARYLAND STATE DEPARTMENT OF HEALTH

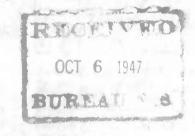
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

U.	Ò	ij	3	5	

1. PLACE OF DEATH: County Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
lakland Warland Koute #1	State Maryland County Garrett
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Ora Anna Ridder.  4. Sax   5. Color or race   6.(a) Single, married, widowed, or divorced	None
4. Sax 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION A.M.
Female White Married.	20. DATE OF DEATH. September 29th 1947 at 4:30
6.(b) Name of husband or wite Oscar Ridder.	21. LAERTIEY that death occurred on the date above stated; that I attended degeased from
7. Birth date of Nome 1946 1979	October 1944 to 29 445 1947
7. Birth date of deceased (mo., day, yr.) March 19th 1878	and that I tast saw h. D. L. alive on Jelleft T. 19.
deceased (mo., day, yr.) March 1901 1911 1910  8. AGE: Years   Months   Days   If less than one day	Immediate causs of death
69 6 10min.	Greling fewoming & 4 with
9. Birthplace	Due to poplateuris treat service 10 grs
10. Usual occupation.	Due to Belevio Delevoses 10 g/s
11. Industry or business	
12. Hame Calvin Fowler.  13. Birthplace Pennsylvania.	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name Catherine Gauer.	Major findings of operations
15. Birtholace Garrett County, Maryland.	Date of on
14. Maiden name Catherine Gauer.  15. Birthplace Garrett County, Maryland.  16. Informant Oscar Ridder.	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Oakland, Md., Route #1.	22. VIOLENCE: It death was due to external causes, till in the following:
17. Burial (Burial, cremation, or removal, Whieh?)  Bate thereof Oct. 1/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Red House Cemetery.	Where did injury occur?
Red House, Maryland.	Injured at home, tarm, Industry, public place (where?)
Sun AN D. Baldon	Means of Injury Injured at work?
18. Funeral director	0011
Address Carland, Ma	23. SIGNATURE De Marie / M
19. 00 3 (Date rec'd by registrar) 1847 Ehrer C Shaffer (Begistrar)	Address Oahland Med Date signed 30 Apr 4

Registrar Address .....



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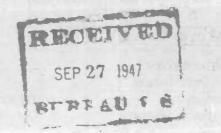
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

08036 172 Reg. Dist. No.

1. PLACE OF DEATH: Gounty Garrett	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)				
County Purel Swenton	statManyland county Garrett				
City or town Rurel - Swenton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?					
How long in above place of death?	City or town				
Hospital, Institution, or street address where death occurred: 2 Miles East	Street No 2 Miles East (If rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war	****			
3.(a) FULL NAME Isabelle Sweitzer	3.(b) Social Security Number Non⊖				
4. Sex   5. Color or race   6.(2)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-			
4. Sex Female   5. Color or race   6.(a)Single, married, widowed, or divorced   Widowed	Sept. 15 47 7:40F	P			
6.(b) Name of husband or wife Benjamin Franklin Sweitze: 6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  August 28th 19. 47., to September 15. 4  and that I last saw h. er alive on September 15.	7			
7. Birth date ot deceased (mo., day, yr.) May 26, 1856		_			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATIO				
91 3 19hrsmin.	2.	D.J.E.			
9. Birthplace Bedford Co. Pa. (Town, county, and state)	Due to Gene ral weakened condition				
10. Usual occupation Housework	following a fall 3 mo	nth			
11. Industry or business Own Home	Due to				
12. Name Solomon Schroyer 13. Birthplace dont Know	Other conditions	,			
Nancy Jane Sisney	(Include pregnancy within 3 months of death)				
Nancy Jane Sisney  14. Malden name Dont Know	Major findings of operations				
Noah Sweitzer	Oate of op.				
1s. Intermant Swanton, Md.	Autopsy results	*******			
Address  17. Burial Date thereo Sept. 18,1947  (Burial cremation, or removal Which?) Cemetery or crematory Swenton, Md.	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide				
16. Funeral directo tha F. Sharpless  Address Blaine, W.Va.	23. SIGNATURE 20 Mar land M. D. or other 16—	17			



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